	DEPARTMENT OF APPOINTMENT A NONAPPROPRIATI For use of this form, see AR 215-3; the	FFIDAVIT ED FUNDS
POSITION TO WHICH APPOINTED		DATE OF APPOINTMENT (YYYYMMDD)
NAME OF NONAPPROPRIATED FU	ND	DUTY STATION
organization that advocate in a strike, or assert the r of any organization of em against the Government o I have not, nor has anyon	es the overthrow of our constituight to strike, against the Governployees of the Government of the United States.	, do solemnly swear (or affirm) that: form of government nor am I a member of an utional form of government. I will not participate rnment of the United States. I am not a member the United States that asserts the right to strike ansferred, promised, or paid any consideration for ng this appointment.
DATE (YYYYMMDD)	SIGNATURE OF APPOINTEE	

DA FORM 3436, SEP 2000

EDITION OF OCT 79 IS OBSOLETE.

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